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APPLICANTS

Serge Clement Willems, Nijmegen, NETHERLANDS;

**** CONTINUING DATA *******

This application is a 371 of PCT/NL05/00091 02/07/2005

**** FOREIGN APPLICATIONS *******

NETHERLANDS 1025436 02/06/2004

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Met after Allowance /SIND PHONGSVIRAJATI/ Examiner's Signature Initials	NETHERLANDS	12	27

ADDRESS

GREENLEE WINNER AND SULLIVAN P C
 4875 PEARL EAST CIRCLE
 SUITE 200
 BOULDER, CO 80301
 UNITED STATES

TITLE

Device, system and method for storing and exchanging medical data

FILING FEE RECEIVED 2340	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit